Filing Dale Application Number **CLAIMS ONLY** Applicant(s) * May be used for additional claims or amendments AFTER SECOND AMENDMENT AFTER FIRST AMENDMENT AS FILED CLAIMS Indep Depend Depend Indep Depend Indep Depend Indep Depend Indep Depend .Indep 33 .33 85 34· 35 95 45. 48. 49. Total Total Indep Indep Total Depend Total Depend Total Claims Tolal Claims